

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA PATIENT DISCHARGE DATA REPORTING MANUAL, THIRD
EDITION
For Discharge Data for the Years 1999 and 2000

PRINCIPAL PROCEDURE AND DATE

Section 97228

The patient's principal procedure is defined as one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-9-CM. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

DISCUSSION

Format for reporting this data element on the Manual Abstract Reporting Form for discharges occurring on or after January 1, 1999:

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| 12. PRINCIPAL PROCEDURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | | Day | | Year (4-Digit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. OTHER PROCEDURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Reporting Requirement: The date of the principal procedure will be reported. If the principal procedure was performed on June 6, 1999, the reported value is 06061999.

ICD-9-CM Codes: Refer to the definitions of a significant procedure in the *Coding Clinic for ICD-9-CM*, July - August 1985 and Fourth Quarter 1990, and the UHDDS published in the Federal Register, Volume 50, Number 147, July 31, 1985.

Other Coding Systems: HCPCS and CPT codes are not accepted by OSHPD.

Ambulatory Surgery Facility and Hospital Outpatient Services: Patients are sometimes admitted within 48 hours of procedures performed in a licensed ambulatory surgery facility or as an outpatient at a hospital. Under certain circumstances, the procedure may be reported on the discharge data record. If so, the procedure date must be reported when it actually occurred and not be changed to the admission date. OSHPD accommodates procedure dates three days prior to the admission date.